



County of San Bernardino

**F A S**

**STANDARD CONTRACT**

**FOR COUNTY USE ONLY**

<input type="checkbox"/> New <input checked="" type="checkbox"/> Change <input type="checkbox"/> Cancel	Vendor Code	SC	Dept.	A	Contract Number <b>02-1169 A-1</b>	
County Department Probation			Dept.	Orgn.	Contractor's License No.	
County Department Contract Representative Holly Benton			Telephone (909) 387-5918		Total Contract Amount \$5,000	
Contract Type <input type="checkbox"/> Revenue <input checked="" type="checkbox"/> Encumbered <input type="checkbox"/> Unencumbered <input type="checkbox"/> Other:						
If not encumbered or revenue contract type, provide reason: <u>Fee for Service Contract</u>						
Commodity Code		Contract Start Date 11/05/2002	Contract End Date 6/30/2004	Original Amount \$5,000	Amendment Amount \$0	
Fund AAA	Dept. PRG	Organization 1913	Appr. 200	Obj/Rev Source 2445	GRC/PROJ/JOB No. 40000DRC	Amount \$0
Fund	Dept.	Organization	Appr.	Obj/Rev Source	GRC/PROJ/JOB No.	Amount
Fund	Dept.	Organization	Appr.	Obj/Rev Source	GRC/PROJ/JOB No.	Amount
Project Name Day Reporting Centers			Estimated Payment Total by Fiscal Year			
			FY 03/04	Amount \$5,000	I/D	
Contract Type 2(b)						

THIS CONTRACT is entered into in the State of California by and between the County of San Bernardino, Probation Department, hereinafter called the County, and

Name

Hope Through Housing Foundation

hereinafter called Contractor

Address

8265 Aspen Street, Suite 100

Rancho Cucamonga, CA 91730

Phone

Birth Date

(909) 483-2444

Federal ID No. or Social Security No.

**IT IS HEREBY AGREED AS FOLLOWS:**

**AMENDMENT NO. 1**

It is hereby agreed to amend contract # 02-1169 between the County and Hope Through Housing Foundation as follows:

**Section III: Contractor General Responsibilities**

Amend Paragraph G to read as follows:

- G. Contractor shall notify County in writing of any change in mailing address and/or physical location within ten (10) days of the change, and shall immediately notify County of changes in telephone or fax numbers.

Amend Paragraph P, Item 2, Subparagraph c to read as follows:

- c. Errors and Omissions Liability Insurance - Combined single limits of \$1,000,000 and \$3,000,000 in the aggregate or

Professional Liability - Professional liability insurance with limits of at least \$1,000,000 per claim or occurrence.

## **Section V: Fiscal Provisions**

Amend Paragraph A to read as follows:

- A. The maximum amount of payment under this contract shall not exceed \$5,000 for services provided under this Contract from November 5, 2002 through June 30, 2004, and shall be subject to availability of funds to the County. The consideration to be paid to Contractor, as provided herein, shall be in full payment for all Contractor's services and expenses incurred in the performance hereof, including travel and per diem.

## **Section VIII: Term**

Amend Section VIII to read as follows:

This Contract is effective as of November 5, 2002, and is extended from its original expiration date of June 30, 2003 to June 30, 2004, but may be terminated earlier in accordance with provisions in Section IX of this Contract.

## **Section X: General Provisions**

Amend Paragraph A to read as follows:

- A. When notices are required to be given pursuant to this Contract, the notices shall be in writing and mailed to the following respective addresses listed below.

Contractor: Hope Through Housing Foundation  
8265 Aspen Street, Suite 100  
Rancho Cucamonga, CA 91730

County: County of San Bernardino  
Probation Department  
Attn: Holly Benton, AB 1913 Coordinator  
175 West Fifth Street  
San Bernardino, CA 92415-0515

County (***Insurance Information Only***):  
County of San Bernardino  
c/o Insurance Data Services  
P.O. Box 12010 – CB  
Hemet, CA 92546-8010

Add Paragraph H to read as follows:

- H. Contractor shall not offer (either directly or through an intermediary) any improper consideration such as, but not limited to, cash, discounts, service, the provision of travel or entertainment, or any items of value to any officer, employee or agent of the County in an attempt to secure favorable treatment regarding this Agreement.

The County, by written notice, may immediately terminate any Agreement if it determines that any improper consideration as described in the preceding paragraph was offered to any officer, employee or agent of the County with respect to the proposal and award process. This prohibition shall apply to any amendment, extension or evaluation process once an Agreement has been awarded.

Contractor shall immediately report any attempt by a County officer, employee or agent to solicit (either directly or through an intermediary) improper consideration from Contractor. The report shall be made to the supervisor or manager charged with supervision of the employee or to the County Administrative Office. In the event of a termination under this provision, the County is entitled to pursue any available legal remedies.

**All other terms and conditions remain in full force and effect.**

COUNTY OF SAN BERNARDINO

► \_\_\_\_\_  
Dennis Hansberger, Chairman, Board of Supervisors

Dated \_\_\_\_\_

SIGNED AND CERTIFIED THAT A COPY OF THIS  
DOCUMENT HAS BEEN DELIVERED TO THE  
CHAIRMAN OF THE BOARD

Clerk of the Board of Supervisors  
of the County of San Bernardino.

By \_\_\_\_\_  
*Deputy*

Hope Through Housing Foundation  
(Print or type name of corporation, company, contractor, etc.)

By ► \_\_\_\_\_  
(Authorized signature - sign in blue ink)

Name La Quetta Bush-Simmons  
(Print or type name of person signing contract)

Title Director  
(Print or Type)

Dated \_\_\_\_\_

Address 8265 Aspen Street  
Rancho Cucamonga, CA 91730

Approved as to Legal Form

► \_\_\_\_\_  
Dawn Stafford, Deputy County Counsel

Date \_\_\_\_\_

Reviewed by Contract Compliance

► \_\_\_\_\_

Date \_\_\_\_\_

Presented to BOS for Processing

► \_\_\_\_\_  
Raymond B. Wingerd, Chief Probation  
Officer

Date \_\_\_\_\_

**Auditor/Controller-Recorder Use Only**

☐ Contract Database ☐ FAS

Input Date	Keyed By
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